Board of Adjustment Appeals Application

Date		<u> </u>		
Name				
First	MI	Last		
Residence				
Address				
Phone		E-mail		
Employer				
Name				
Your title				
Address				
Phone		E-mail		
Type of business or o	rganization			
Primary service(s) and	d area/population se	erved		
Preferred method of c	contact: () Work ()	Residence		
Please list boards and community, fraternal,	•		e served on (business, civic, gious, social).	
Organization	Role	e/Title	Dates of Service	
Education/Training/Ce	ertificates			
Optional – Have you r	eceived any awards	s or honors that you	u'd like to mention?	

How do you feel the Board of Adjustment Appeals would benefit from your involvement?					
Skills, experience and interests (Please circle all	that apply)				
Finance, accounting	Personnel, human resources				
Administration, management	Nonprofit experience				
Community service	Policy development				
Program evaluation	Public relations, communications				
Education, instruction	Special events				
Grant writing	Fundraising				
Outreach, advocacy	Other				
Other	Other				
Please list any groups, organizations, or businesses that you could serve as a liaison to on behalf of the Board of Adjustment Appeals.					
Please tell us anything else you'd like to share.					
Judge Covington: joe.covington@scottky.gov					
Please return this application via email to the ema	ail address above.				

Thank you for applying